## 109

## 1985 Exempt Organization Business Income Tax Return

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		dar year 1985 ear begun, 1985, and ended		1986	ပ္သ	SN						
		AFFIX MAILING LABEL			۱ <u>۲</u>							
Corp	orate o	r Organization Number Federal Employer Identification	No.		SPACES							
Cara	ovation.	Occasion Name			THESE	Corp./Org No.				PC		
Corp	oration	or Organization Name				IYE			RC	1		
Addr	ess				NSE							
					텇	CY DE	· · · · · · · · · · · · · · · · · · ·		CA	,	4	
City		State	ZIP Cod	le :	읽	Remittance			L			
				- 1								
NAME	AND /	ADDRESS OF THE TRUST FIDUCIARY	-		_	Federal	Employer	dent	ficatio	n Numbe	er	
NATUF	RE OF	TRADE OR BUSINESS				Form Nu	umber of F	edera	al Form	n Filed		
	Org	anizations Taxable as Corporations										
문 무	1	Unrelated business taxable income from line 31, Sched A							1			
里	2	Apportion % (line 5, Sched K) of line 1						•	2			<u> </u>
		Net operating loss carryover claimed							_3			<u> </u>
일		Net unrelated business taxable income (lines 1 or 2 minus							4	<u>.</u> .		<u> </u>
Tat at	5	Tax 9.6% of line 4 (See General Inst J-1)							5			
ATTACH REMITTANCE Tax Computation	Org	anizations Taxable as Trusts							35			
吊る	6	Unrelated business taxable income from line 31, Sched A							6			
工品	7	Net operating loss carryover claimed						[	7_			
A A		Net unrelated business taxable income (line 6 minus line 7							8			
Ë	9	Tax on amount on line 8 (See General Inst J-2)							9			
×		Credit for net income taxes paid to State of										
		(See General Inst P)							10			
	11	Balance of tax (line 9 minus line 10)							11			
	12	Tax from line 5 or line 11						•	12			
×		Tax Credit from Sched B		<b>_</b>					13			
Total Tax		Balance (subtract line 13 from line 12, if line 13 is greater						ı		_		
ota	1	12, enter zero)							14			ļ
1-	ı	Tax on Preference Income (See General Inst Q)					<del></del>	•	$\overline{}$			ļ
		Total tax (add lines 14 and 15)					<del></del>	•	16			├—
Pay- ments	17	Estimated tax payments										├
Pay- nents	18	Paid with application for extension										<del> </del>
	113	Total payments and/or credit (add lines 17 and 18)							19			├
ğğ	20	Tax Due (line 16 minus line 19). Pay entire amount with re					<del></del>	•	20			├
efu efu	21	Overpayment (line 19 minus line 16)										
Balance Due or Refund	22	Refund					<del></del> -	•	22			+-
		Credit to 1986 estimated tax				• 23						.l
		contact for information:					Telephon Number:	ie	(	)		
Plea		Under penalties of perjury, I declare that I have examined this return, inclu-	ding accomp	anying sche	edul	les and stater		the be	st of my f	knowledge	and belie	f it is
		true, correct, and complete. Declaration of preparer (other than taxpayer	) is based on	all informati	ion	of which prep	arer has any k	nowle	dge.	_		
Sign Here		Signature of officer	ļ	Data			abone (	,				
				Date		Chec	phone (	Propr	ror'e eo	cial security	numbor	
		Preparer's signature		Date		self-	em-	Frepa	1161 2 20	ciai security	number	
Paid						płoye	ea					
Prep	arer	Firm's name (or yours, if self-employed)				E	E.I. No.					
		and address				1	relephone (	)_				

Scl	hedule A—Unrelated Business Taxable Income Computation	
	related Trade or Business Income	
1	Gross receipts or gross sales \$ Minus: Returns and allowances \$	
2	Minus cost of goods sold and/or operations (see worksheet below)	
3	Gross profit	
4	(a) Net capital gains (or losses) (see Specific Line Instructions for Schedule A)—Trusts attach Schedule D (Form 540)	
	(b) Ordinary gain (or loss) (see Specific Line Instructions for Schedule A)—Trusts attach Schedule D-1 (Form 540)	
	Income (or loss) from partnerships (attach statement)	
6	Rent income (Schedule C)	
	Unrelated debt-financed income (Schedule D)	
	Investment income of a 23701g or 23701i organization (Schedule E)	
	Annuities, interest, royalties, and rents from controlled organizations (Schedule F)	<del></del>
	Exploited exempt activity income (Schedule G)	
	Advertising income (Schedule H, Part III, Column A)	
	Other income (attach schedule.)	
13	Total unrelated trade or business income (add lines 3 through 12)	
De	ductions	
	cept for contributions, deductions must be directly connected with the unrelated business income)	
4.4	Compagnation of afficers as Assets on (Cabadida I)	
	Compensation of officers or trustees (Schedule I)	
	Salaries and wages (not deducted elsewhere)	
	Repairs	
	Bad debts	
	Contributions (see Specific Line Instructions for Schedule A—attach statement)  Depreciation (Schedule J)	
	Amortization (attach statement)	
	Depletion	
	(a) Pension, profit-sharing plans, etc.	
	(b) Employee benefit programs (see Specific Line Instructions for Schedule A)	
25	Other deductions (attach statement)	
	Total deductions (add lines 14 through 25)	
27	Unrelated business taxable income before allowable excess advertising costs (subtract line 26 from line 13)	
28	Minus excess advertising costs (Schedule H, Part III, Column B)	
	Unrelated business taxable income before specific deduction.	
30	Minus specific deduction (see General Instruction N)	
	Unrelated business taxable income (subtract line 30 from line 29)	
Co	ost of Goods Sold—Worksheet	
	Method of Inventory Evaluation (specify)	
	Inventory at beginning of year	
	Merchandise bought for manufacture or sale	
_	Salaries and wages	
4	(4.1.4.7.4.7.4.7.4.7.4.7.4.7.4.7.4.7.4.7.	
5	1000,000,000,000,000,000,000,000,000,00	
6		
	Cost of goods sold (enter here and on Unrelated Trade or Business Income, line 2)	
	Salaries and wages	• • •
	Other costs (show detail)	
_		
3		
Sc	hedule B—Tax Credit (see instruction)	
2		
3	Energy Conservation	
4	Ridesharing	
5	Alcohol Fuel Device	
6	Solar Energy	
7		
8	Total (add lines 1 to 7, enter here and line 13, side 1	\$

Side 2 Form 109 (1985)

Schedule C—Rent Inc NOTE: For rental income from				onal Property	Lease	ed with	Real Prop	erty		
Nove to the transfer of the tr	Description					2	Rent received			I rent attributable
							or accrued	-	to person	al property %
			<b>-</b>		<b>-</b>					% %
			,							%
<ol> <li>Complete if any item in colu- item if the rent is determined o</li> </ol>	mn 3 is more than 50%, o n the basis of profit or inco	r for any ome		5. Complete for an	y item in	column 3 v	which exceeds	s 10% and	is not more tha	n 50%
(a) Deductions directly con- nected (attach schedule)	(b) Income reportable 2 less column 4		(a) Colu	mn 2 X column 3	(b) Dec	ductions dir nal propert	ectly connect y (attach state	ed with (ement)		ncludible, column olumn 5(b)
					-} <b>-</b> -					
Add 4(b) and 5(c)	and enter total here	and on	line 6, Sc	hedule A	- <b></b>					
Schedule D—Unrelate										
				2. Gross incom	e from				tly connected v	
1. Description	on of debt-financed prope	rty		or allocable to	debt-	(a) Str	allocal aight line dep		financed prope	er deductions
				financed prop	perty		attach schedu			schedule)
Amount of average acquisi	6 Average adjusted by	acic of				<del> </del>				
tion indebtedness on or allocab to debt-linanced property	ole or allocable to debt-fina property	which	Percentage ch column 4 of column 5	<ol> <li>Gross inc reportable (co 2 X column</li> </ol>	lumn	(total	Illocable dedu of columns 3 I(b) X column	(a) and	includible (	come (or loss) column 7 minus lumn 8)
(attach schedule)	(attach schedule)	, , , ,		2 // 00/0/11		+			COI	unin 8)
	·		<u>%</u>							
			<del>%</del>							
Total (enter here a	nd on line 7 Schedule	A)			- <del>-</del>					
Schedule E-Investme	ent income of a 23	701g o	r 23701	i Organizatio	1				-	
1. Amount	Deductions directly co     (attach statemer)			nvestment income of. 1 less col. 2)			asides statement)			restment income ess col. 4)
			<u> </u>		L	<b>_</b>				
Enter here and on line Enter gross income fro				nimilar amounts						
Schedule F—Income (					<del></del>					
Schedule r—income (	Annuities, interes	i, Rents	s, and Re	yaitles) From	Cont	rolled O			ed organization	
Name and address of co	entrolled organizations	2 Gr	oss income	Directly confideduction		(a) Unre	dated (b)	Taxable inc	come computed	(c) Percentage
1. Name and address of co	on oned organizations	2.010	D33 IIICOIIIE	(attach stater		business l	Se	c. 23701 o	exempt under r the amount in	which column (a) is of column (b)
		+					C0	i. (a), which	ever is greater	%
										%
										%
(a) Excess taxable (b) Taxable	npt controlled organization le income or amount in (c)		e which col-	6. Gross income (column 2 X column			Alfowable ded umn 3 × colu			ome includible
income column (a	), whichever is greater um	ın (a) is to c	column (b)	column 5			or column 5(		(column b	less column 7)
				- <b>-</b>						
	·									
Total (enter here and	on line 9, Schedule A	)	<u> </u>							
Schedule G-Exploite	d Exempt Activity	Income	e; Other	than Advertis	ing Ind	come				
<ol> <li>Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the</li> </ol>	business income   con	xpenses d nected wit tion of unr	th pro-	4. Net income rom unrelated ade or business		s income vity that is related	6. Expense attributable column 5	to pense	ess exempt ex- (col. 6 less col. not to exceed	8. Net income reportable (col. 4 less col. 7 but not
same exempt activity)	<u>business</u> bu	usiness inc	ome (c	ol 2 less col 3)	business	s income_	COMMITTO	amo	ount in col. 4)	less than zero)
							1			
Total (enter here and	on line 10, Schedule	A)								

Part I—Consolidated Periodicals										
Name of periodical	2. Gross advertising income	Direct advertising costs	4. Excess a ing costs ( exceeds enter exces III, col.	if col. 3 col. 2, s in Part	incon exce enter ex 2 over	t advertising ne (if col. 6 eds col. 7, xcess of col. col. 3 in Part , col. A)	6. Circulatincome		Reader- ip costs	8. Includible income (if col. 7 exceeds col. 6, subtract col. 7 plus col. from col. 6 plus col. 2. If more than zero, enter amount in Part III, col. A
		ļ								
Totals  Part II—Non-Consolidated Periodic	cals		1		L					
	-									
		[		<b></b>			I			
					<u> </u>					<u></u>
Part III—Column A—Net Advertisin	(h) Catos to	otal amount from	n column 5			nn B—Exc				otal amount from Part I,
<ul><li>(a) Enter "consolidated periodical" and/ names of non-consolidated periodicals</li></ul>	or 8, Pa	rt I and amount art II, cols. 5 an	s listed			olidated perio -consolidated		or \	column 4	and amounts listed art II, column 4
		<u> </u>	40							arrii, coloriii 4
						- <b></b>				
			·		<b>-</b>				<del>-</del> -	
Enter total here and on line 11, Schedule A				Enter to	al here a	and on line 28	, Schedule A			<del></del>
Schedule I—Compensation o	f Officers									
Name of Officer	2. Social Se	curity Number		3. Title		4. Time dev		5. Amou compens		Expense account     allowances
								<b>-</b>	<b></b>	
	<u>. </u>		_ J_ <b></b>	<b></b> _	J	 				
Total assessed	· 4 - 44	11		44 0-	L I -					
Total compensat	ion of officers	(enter here	and on line	14, Sc	hedule	A)				THE PROPERTY OF THE PARTY OF TH
Schedule J—Depreciation							n FTB 3887	(Guideli	ne Class	Life System) and form
	ystem and Clas	s Life System	are contain	ed in the	instruct	tions for form	n FTB 3887 rated Cost F	(Guideli lecovery	ne Class System	Life System) and form
Schedule J—Depreciation Instructions for Guideline Class Life S FTB 3888 (Class Life System). NOTE:  1. Group and guideline class or	ystem and Clas With limited exc 2. Dat	s Life System eptions, Califo	are containe ornia has not	ed in the adopted	instruct	tions for form	rated Cost F	n- 6.	System Life or	(ACRS). 7. Depreciation for
Schedule J—Depreciation Instructions for Guideline Class Life S FTB 3888 (Class Life System). NOTE:  1. Group and guideline class or description of property	ystem and Clas With limited exc 2. Dat acquire	s Life System eptions, Califo e 3	are containornia has not 3. Cost or other basis	ed in the adopted	instruct the Fed Deprecia	tions for form	rated Cost F	n- 6.	System	(ACRS).
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